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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-675)						Serial No. 09/782917	Filing Date 2/13/01
CLAIMS							
No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		No.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2	/						52
3	/						53
4	/						54
5	/						55
6	/						56
7	/						57
8	/						58
9	/						59
10	/						60
11	/						61
12	/						62
13	/						63
14	/						64
15	/						65
16	/						66
17	/						67
18	/						68
19	/						69
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39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	6		6		6		
TOTAL DEP.	19		19		19		
TOTAL CLAIMS	25		25		25		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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